

Date Entered \_\_\_\_\_ Welcome Pkt sent \_\_\_\_\_

# Our Lady of Perpetual Help Catholic Church Registration

ENVELOPE NUMBER: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

## FAMILY INFORMATION:

Identification Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Primary Phone #: ( ) \_\_\_\_\_ (Circle one): Mobile ☐ Home ☐ Work ☐

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone # ( ) \_\_\_\_\_

At the present time please check the one that applies: Married ☐ Single ☐ Separated ☐ Divorced ☐ Widow ☐

If Married: Were you married by a Dcn./Catholic Priest Y \_\_\_\_\_ N \_\_\_\_\_, Please provide Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(ONLY IF MARRIED IN THE CATHOLIC CHURCH)

Are you registered in another parish? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, parish Name \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a Winter Resident? Y \_\_\_\_\_ N \_\_\_\_\_ If Yes, Approximately what dates do you live there? From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Winter residence address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## MEMBERS INFORMATION:

HEAD OF HOUSEHOLD: Male \_\_\_\_\_ Female \_\_\_\_\_

Name: \_\_\_\_\_

First Middle Last

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

State/Country of Birth: \_\_\_\_\_ Primary Language \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ (circle one) Mobile ☐ Home ☐ Work ☐

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Religion: \_\_\_\_\_

Check mark all the Sacraments that have been celebrated:

\_\_\_\_\_ Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation

Church of Baptism \_\_\_\_\_ Place \_\_\_\_\_ Year \_\_\_\_\_

Relationship to children on back page: Birth father ☐ Birth mother ☐

Step parent ☐ Other ☐ Explain \_\_\_\_\_

SPOUSE: Male \_\_\_\_\_ Female \_\_\_\_\_

Name: \_\_\_\_\_

First Middle Last

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

State/Country of Birth: \_\_\_\_\_ Primary Language \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ (circle one) Mobile ☐ Home ☐ Work ☐

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Religion: \_\_\_\_\_

Check mark all the Sacraments that have been celebrated:

\_\_\_\_\_ Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation

Church of Baptism \_\_\_\_\_ Place \_\_\_\_\_ Year \_\_\_\_\_

Relationship to children on back page: Birth father ☐ Birth mother ☐

Step parent ☐ Other ☐ Explain \_\_\_\_\_

CONTINUE ON THE BACK OF THIS PAGE



\_\_\_\_ Child 1  
\_\_\_\_ Other: \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female

Full Name:

\_\_\_\_\_  
*First Middle Last*

Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_

State/Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Primary language: \_\_\_\_\_

Check mark all Sacraments that have been celebrated:

☐ Baptism if Yes:

Church: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Communion

☐ Confirmation

Has this child received any of the sacraments at  
Our Lady of Perpetual Help? Y\_\_\_\_ N\_\_\_\_ if yes,  
date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_



\_\_\_\_ Child 2  
\_\_\_\_ Other: \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female

Full Name:

\_\_\_\_\_  
*First Middle Last*

Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_

State/Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Primary language: \_\_\_\_\_

Check mark all Sacraments that have been celebrated:

☐ Baptism if Yes:

Church: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Communion

☐ Confirmation

Has this child received any of the sacraments at  
Our Lady of Perpetual Help? Y\_\_\_\_ N\_\_\_\_ if yes,  
date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_



\_\_\_\_ Child 3  
\_\_\_\_ Other: \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female

Full Name:

\_\_\_\_\_  
*First Middle Last*

Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_

State/Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Primary language: \_\_\_\_\_

Check mark all Sacraments that have been celebrated:

☐ Baptism if Yes:

Church: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Communion

☐ Confirmation

Has this child received any of the sacraments at  
Our Lady of Perpetual Help? Y\_\_\_\_ N\_\_\_\_ if yes,  
date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_